# THE FORTNIGHTLY Review

OF THE CHICAGO DENTAL SOCIETY

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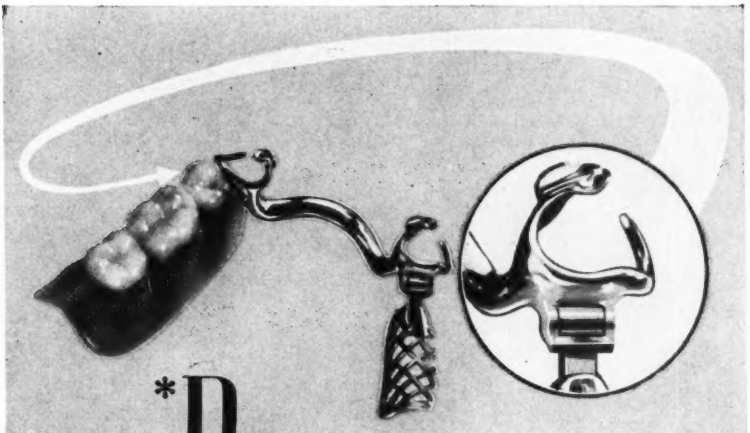
DENEN ON PROSTHETICS



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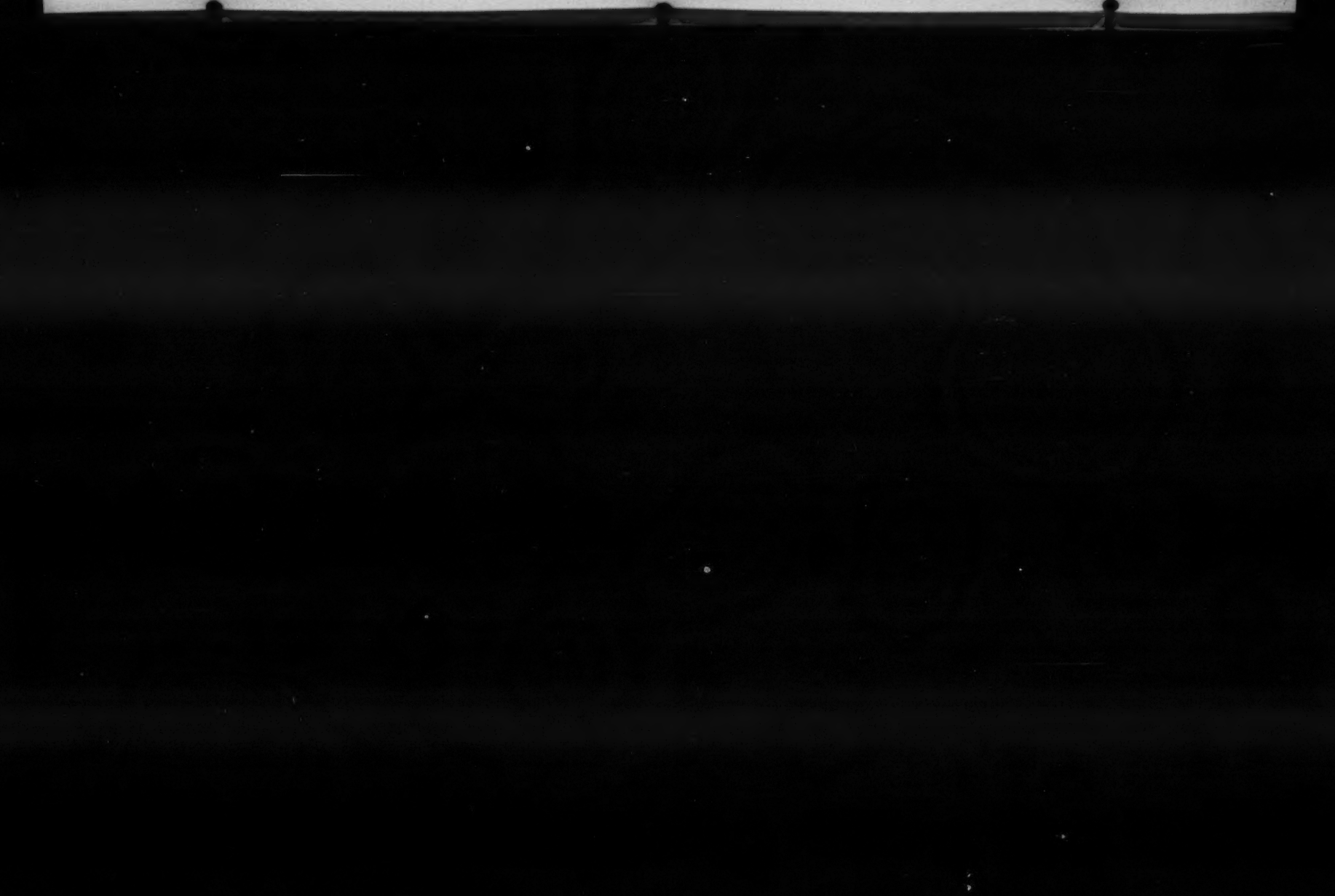

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*The Fortnightly*

# REVIEW

OF THE CHICAGO DENTAL SOCIETY

*Number 2*

*July 15, 1954*

*Volume 28*



EDWARD J. SULLIVAN — EDITOR
KARL S. RICHARDSON — BUSINESS MANAGER

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ARE YOU PATIENT WITH YOUR PATIENTS?

*The Fortnightly*
# REVIEW
*of*
**THE CHICAGO DENTAL SOCIETY**

*July 15, 1954* *Volume 28 • Number 2*

## Diagnosis and Treatment Planning in Prosthetics*

By Harry Denen, D.D.S., F.A.C.D., Chelsea, Massachusetts

[**Editor's Note:** *Dr. Harry E. Denen was graduated from Chicago College of Dental Surgery in 1922. He practiced in Chicago until entering the service in 1942. He held various positions in the Chicago Dental Society, the Illinois State Dental Society and the American Dental Association. He was instructor in prosthodontia at the U. S. Naval Dental School, Bethesda, Md., and has presented over 200 essays and clinics before dental and medical societies both here and abroad. Dr. Denen is a member of the American Denture Society, Omicron Kappa Upsilon, Honorary member of the Milwaukee Forum, Fellow of the American College of Dentists, Captain Dental Corps, United States Navy, and at present Chief of Dental Service, U. S. Naval Hospital, Chelsea, Mass.*]

"I never had any trouble with my teeth until I got into the Service!" —and, "When I finally got to see a dentist, all he wanted to do was to pull out my teeth!"

Dr. Denen

These and other like utterances are heard the country over by all dentists, or any other audience that cares to listen to such complaints by a veteran. To the average "man on the street" these statements present a sordid picture and his reaction may not particularly endear us or our profession to him. He may even be antagonistic toward us as is evidenced by some of his responses toward such progressive projects as fluoridation of public drinking water, public education for preventive dentistry, and various other notable dental enterprises that would need his support, politically or otherwise. Resistance to progress is only by the ignorant led by the ignorant.

*Presented at the 1954 Midwinter Meeting of the Chicago Dental Society.

### PREMISE

The premise of this paper is not to point out that men coming into the services needed dentistry, but that the dentistry required was of such proportion that many teeth had to be extracted and necessary prostheses constructed in order to reestablish some degree of oral health. This presented a problem in careful diagnosis and judicious planning of subse-

quent treatment. It is around this theme that this dissertation is woven.

To extract or not to extract, was indeed the burning question. When the treatment was planned, what was the reasoning behind the plan, and why such a plan must subscribe to the solving of the whole problem, and not just a portion of it. To merely extract teeth that are beyond repair or salvation is not the solution, but to plan the restorative dentistry necessary, in consonance with the surgical procedure and the prognosis for the dental future of the patient is of vast importance.

It is in the rationale of this plan that our professional lives, civilian and service dentist alike, are entwined. No matter what we do, where we do it, or how we do it, basic principles in dentistry are still adhered to and cannot be circumvented. It is then quite obvious that a plan for diagnosis and treatment is a development of ideas based upon specific findings with each patient presenting, categorically, all the necessary ingredients for the problem at hand. It then is within the scope of our skill, our knowledge and judgment, to determine what is best for the patient.

#### MILITARY VERSUS CIVILIAN DENTISTRY

A dentist creates what he knows or learns how to do, whether he practices in an office on Main Street, or on a battleship. The only possible difference exists in the fact that the service dentist may, of necessity, have to care for greater numbers of patients, and his element of time to execute his plans may not always be as ideal or convenient. Twenty-four hours still constitutes the time of a day, and up to now nobody has been able to cut that up any differently. For each hour we work, we produce only so much. Some of us more and some of us less, comparable to our skill, dexterity of our hands coordinate with our thinking, and our human capacity or desire to work. So, it is quite obvious that arithmetic still is necessary to either figure the time element involved in performing an operation, or computing the mathematical relationship between some one hundred and sixty million people in this country in ratio to some ninety-one thousand dentists to care for a portion of them. Even an Einstein would have difficulty recognizing any relativity to that equation.

So with our problem. The work load, particularly at training centers, is overwhelming, and, as with your practices, there aren't enough hands, eyes, or hours in the day. It then ceases to be a question of not only what is best for the patient, but also what is the best and most expedient procedure for the dentist, to not only service the patient adequately, but eliminate, as much as is humanly possible, waste of time and energy. The plan must encompass and subscribe to all the physiological and bio-mechanical principles, and be practical in both construction and utility. It need not be emphasized that many a prosthetic appliance adorns a dresser drawer, or as a neighbor put it, "just something else to dust." These same appliances are the accumulation of a lifetime of man-hours, which, I am sure, and you will agree, could have well been directed toward a more beneficial effort in our desire to aid mankind.

Also, in the comparison between the private practice and the institutional practice, one must not overlook the incorporation of the human element. The desire of an individual to produce a commendable piece of work lies solely within himself. His signal effort is expressive only of himself and cannot be characterized as emanating from any specific organization. So often we hear, "That's Navy dentistry,"—or Army, or Air Force, or any other institution. Recognize only one fact, if you will, that an individual dentist was the only perpetrator of the skillful or unskillful act. The love of an art comes from the soul and is not dependent upon the fee from a patient or the wages from an institution for its creation. A skilled musician couldn't play poorly if he tried. His work may not meet the entire approval of the perfectionist, but it will be accepted as a worthy contribution by the majority.

## THE OBJECTIVE PLAN

Pursuant to the theme of this discussion, our objective can only be the construction of a successful prosthesis for the restoration of lost teeth and the reproduction of material space where bone and tissues have been lost. In our effort to attain any degree of success in any endeavor, we must first remove all obstacles preventing us from attaining the desired objective. The following are the cardinal principles and the tenets necessary to arrive at our goal:

1. Decision for the retention of teeth.
2. Decision for the extraction of teeth.

## DECISION FOR THE RETENTION OF TEETH

All teeth are retained that are:

1. Caries free or restorable.
2. Invested in sound bone structure.
3. Conducive to the success of the prosthesis and the continued health of the oral cavity.

I do not wish to cast any disparaging innuendoes in the direction of those very fine members of our profession who are saving many teeth that have had some periodontal involvement, or are restoring many doubtful teeth to help retain a partial denture or a fixed bridge. I know many of these men. I respect their ability and have great reverence for their idealistic successes, nevertheless, theirs is the success that comes only by the employment of that very intangible commodity known as the personal equation. This commodity cannot be bought, taught, or inoculated. Hence the necessity, for the most of us, to follow a more traveled highway with well printed direction signs.

Having observed, either as a fellow dentist, or as a teacher, hundreds of dentists, graduates from every dental school and from any part of the country, I am convinced that only simple language is understandable, with common sense as the basic ingredient of expression. What, then, could be more simple, than the decision to retain all teeth that are conducive to the ultimate success of our treatment plan?

Many anatomical disharmonies may well disrupt the even tenor of the plan, but these are the exceptions rather than the rule. Such abnormalities as exist in the exceedingly prognathic, with the very small maxillae and large mandible; the congenital deformities, such as the clefts of the palatal bones, and the deformities created either by disease or accidental injury may necessitate retention of teeth that normally, under the plan, would be removed.

## DECISION FOR THE EXTRACTION OF TEETH

All teeth are to be extracted that present the following conditions:

1. High incidence of caries.
2. Evidence of poor oral hygiene.
3. Any debilitating disease whose metabolic changes would be reflected manifestly in the continued health of the oral cavity.
4. Mal-posed and mal-aligned teeth that are detrimental to the bio-mechanics and esthetics of the prosthesis.
5. Consideration of the preservation of remaining bone structure as a foundation for a successful full denture.

In review of our decision for extraction then, teeth showing evidence of a high caries index are certainly not conducive to the prolonged success desired for the life of a partial denture. I have seen them, and I am sure you see them constantly, where no matter what our therapy may be or how vigilant the patient, caries will continue to its devastating end. What a waste of time, money, and energy to construct partial dentures for such mouths. Surely such a process can be noted and our efforts toward arrest should be definitely established before prosthetic treatment is planned,—and then, only after the patient has been made to understand the condition that exists. It will be solely his decision, and not yours, whether he desires to further invest in a rather indefinite dental future.

Evidence of already existing poor oral hygiene and a total lack of interest in the retention of remaining teeth should be prime factors in recommending full den-

tures. We still cannot control the habits, morals, or sense of responsibility of our patients. Their nod of assent to our many instructions and admonitions are, many times, not heeded, but their complaints are loud and long and their memories are exceedingly short.

Fortunately, we in the service have a singular advantage over our civilian colleagues, in that we can establish the health picture of our patients. Too often, in planning our specific treatment, the patient's total well being may be overlooked and types of debilitating diseases may remain unrecognized without a complete physical examination. Such diseases may contribute to the failure of the plan unless medical management for the existing malady is instituted. Oral manifestations arising from such metabolic disturbances may well destroy the structures supporting our well constructed prostheses.

The factor of existing multiple spaces always presents such a formidable problem for decision. Mal-posed or malaligned teeth are either detrimental to the successful mechanics of a partial denture, or present an insurmountable problem in the establishment of esthetics, and an acceptable functioning occlusion. Unless these teeth can be re-shaped or their value enhanced by suitable restorations, they should be removed.

Teeth adjacent to spaces to be restored, that stand alone, are poor abutments for the retention of a partial denture. I refer specifically to cuspids and bicuspids. These, very often, are quite capable of carrying the load of a small span fixed bridge. This in turn reduces or eliminates the multiple space problem so that the partial denture may contribute a greater service both functionally and esthetically. How difficult it is to place average size denture teeth in a constricted space and have them look good or work well, and I am sure we are all acquainted with the constant repair necessary for denture tooth breakage that ensues.

When we speak of the preservation of the ridges, we also must consider what we contribute to this preservation. When the necessity arises for a patient to lose his first permanent tooth, it is then that thought should be given to the prosthetic future for that patient. So often many structures may be accidentally destroyed or damaged, and at the time do not seem significantly important. Most common among the surgical accidents is the destruction of alveolar process that may be necessary for the ultimate success of a denture. Approximating bone adjacent to the tooth being extracted, and the injudicious destruction of the maxillary tuberosity when second or third molars are removed are prime examples of our seemingly unintentional negligence of ridge preservation.

It is because of this thought of the future that our tenet in designating the salvaging of only sound and healthy teeth for partial dentures that we were also looking forward to the preservation of ridges for the possibility of a successful full denture, if required. Teeth left to terminal stages where all periodontal treatment has been to no avail is the first step in the creation of a poor foundation for the full denture. To recognize this early and have the courage to condemn such teeth for the benefit of the patient's dental future is our responsibility. Too often, we hesitate to tell an old friend and patient, who has been with us for years, that such procedure is necessary.

Adding a tooth to a partial following extraction of the abutment tooth, without any further consideration to the mechanics of the adjusted appliance, is a practice of note. Or—"I'll make you a partial so you can get used to wearing a full denture." This is another endeavor that backfires so badly, much to our chagrin and discomfort. We are all aware of the fact that many features are incorporated into the construction of a partial denture that may have to be forfeited in the construction of the full denture. The extended peripheries and labial flanges which are absent in many partials become preponderous additions in the mind of the patient when they finally have to make the change to the full denture, with subsequent mal-adjustment of their tol-

erance level and possible failure to comfortably wear the full denture.

With the possibility of constructing successful immediate full dentures for the majority of patients, rather than subjecting them to the aforementioned "breaking in" process of the so-called temporary partial, ridges can be preserved with a greater assurance and the tolerance level of the patient to wear a full denture will be the best. Too many of these temporary partials are worn far beyond the desired intention of the dentist, with subsequent irreparable damage to structures so vital to the success of the full denture. I cannot subscribe to the dubious therapy of the "temporary" partial, and do not hesitate to condemn such practice.

The temporary partial, as I recognize it, is a partial denture to act as a space maintainer and an esthetic standby until tissues have healed following extraction of *anterior teeth ONLY*. This must only be worn long enough for us to judge the extent of resorption relative to the construction of a more permanent appliance.

I am fully aware of your paying patient's many demands and requests which sometimes seem almost ridiculous. I am also aware of just as many ridiculous responses we make, inadvertently or otherwise, to these requests. It is a normal human trait of every individual to attempt to retain his teeth as long as he can, so I am not entirely without feeling when I stated that the patient's requests seem impossible, but rather critical of our response to such requests. The prognosis is only befitting our diagnosis. Compromise is more often met with embarrassment and subsequent failure.

#### FUNCTIONAL LIMITATIONS

Dentures perform many duties. They should function acceptably to be able to creditably masticate food to prepare it for digestion. This endeavor is a distinct health service, although as in many other types of therapeutic treatment, we suc-

*(Continued on page 27)*

## Society Seeks License Revocations

Thru action taken by its Legislation and Law Enforcement Committee, the Chicago Dental Society has filed complaints against approximately 15 dentists and has submitted evidence to the Department of Registration and Education showing the various actions of these dentists in violation of the Illinois Dental Practice Act. It is expected that hearings on these complaints will take place in July.

The chief complaint against most of these dentists is that they have been associated with certain dental laboratories and have profited by the advertising and other illegal activities of these laboratories. Many of the laboratories in question are defendants in our pending injunction suit.


The accompanying cartoon, drawn by the FORTNIGHTLY REVIEW's Garrity and sent to each of the aldermen just before the recent vote on fluoridation, played a part in the attitude taken by the City Council. The cartoon was accompanied by a letter from President Kleiman acknowledging the heavy load of concerns that beset our aldermen at all times but asking that they give serious consideration to the matter of improving the dental health of Chicagoans. Many of the recipients apparently felt we had hit the nail on the head as they have requested additional copies of the original, 11 x 14 inch, version they received.

# EDITORIAL

## OH, NURSE!!!

The ambulance streaked through the city streets with siren reaching its highest notes in the caverns formed by the apartment buildings. Unmindful of speed laws and red lights, a race against time and the "Grim Reaper" was in progress. Up to now, everything had gone along pretty well. A sudden attack in the middle of the night, a frenzied call to a physician, a hasty examination, calls for an ambulance and a hospital bed, and now the ride toward health, security and comfort in the closest hospital. Soon the nice clean sheets of a bed would elevate the spirits and expert medical care and nursing would open the way for recovery. The only thing wrong with the whole picture is that you are the patient.

Memories of past illnesses and visits to hospitals recall kindly nurses, pursuing their acts of mercy on muffled shoes, rushing to answer the call of blinking lights and performing the thousand and one duties of their chosen profession. Now, all this is changed you soon find out. You are lucky if you see a nurse in the course of a whole day. Call lights have little or no meaning, depending on the moods and whims of incompetent and untrained orderlies and assistants. You find out that there is a floor nurse on duty but that her duties are now more in the nature of a supervisor. She is probably well trained and competent, but she has fifty or more rooms to take care of and the help given to her is very poor. Feeling that you need personal attention and expert nursing care, you ask your physician to obtain a private nurse for you. Once again you are in for a rude awakening for there just are not enough to fill the need. If you have a big drag and are extremely lucky, you may obtain one but never three, even in extreme cases. In other words, you may be lucky enough to have a nurse for eight hours, but the other sixteen hours means that you are on your own. The need for nurses is critical! The need for nurses is *now* if the character of modern medicine is to continue. As in most cases of this sort, we are quick to blame the hospitals, the physicians, the government or anything else that comes to mind. The last one to blame would be oneself, but in reality we are as much to blame for this deplorable situation as anyone else.

Probably the most serious phase of this situation is the attitude of young girls toward nursing. They do not want to spend the many years of hard study and training, just to be overworked and underpaid. They rightly feel that they can go out into the business world and be justly compensated for their labors and probably have more fun doing it. Even those that do become nurses look for comparatively easy positions in industry or doctors' offices. Marriage and lack of interest also account for many of the casualties in the nursing profession. At the present time the situation looks hopeless. There are more women leaving the profession than entering, and if this condition continues to prevail, we may in our own lifetime see the disappearance of the nurse.

There was a time when the major portion of nursing recruits came from the country towns and villages. Girls came from the farms to the big cities to become self-supporting and independent, preferring the prestige of nursing to the hardships of the farm. Now this has changed, for life in the country has become modern, having most of the conveniences of the big city. Those individuals that do leave, gravitate to the factories or the offices. Fresh recruits for the

nursing profession must therefore come from the city, or to be more explicit, from our own practices.

One may ask what a dentist can do to remedy the nursing shortage. Dentistry, more than any other medical profession, is in constant touch with the public. We see our patients more frequently and have them for longer appointments. We have ample time to discuss any situation with them completely. We are also in the best position, as the years go on, to influence and educate our younger female patients with regard to the needs and advantages of nursing as a career. By constant repetition and discussion, we may not only be able to sell them on the idea of nursing, but they may also be able to sell their friends. We must ever stress the importance of good nursing, and not only the personal edification and benefits, but above all, the noble contribution they can make to humanity. Another way in which dentists can remedy the nursing situation is by becoming active in hospital affairs, supporting their financial drives, doing everything in their power to improve the standards of medical care. The final way in which dentistry may help is by our example. Be ever vigilant in our appearance, our speech, and our manners. Let us be good examples of what medicine has to offer. If we follow all of these ideas, maybe in the future if we have to take the aforementioned ambulance ride, good nursing care will be awaiting us at the other end.

* * *

**KING SIZE**

The Lion awoke one morning feeling uncommonly well. He stalked down the jungle trail until he came to a Hyena. "Can you tell me," he asked, "who is King of the Jungle?" The Hyena bowed. "Sire," he said, "you are the King."

Then the Lion came to a Leopard and repeated his question. The Leopard, too, gave assurance that the Lion was King of the Jungle.

Finally, the Lion came to an Elephant, standing in the shade of a tree. Again he asked, "Who is King of the Jungle?" Without replying, the Elephant picked up the Lion and threw him against the tree trunk. Then, before the Lion could catch his breath, the Elephant picked him up and threw him again.

This time the Lion wriggled around behind the tree and shouted, "All right, all right—you don't have to get so mad, just because you don't know the answer!"

* * *

Little Tommy brought home his report card, and with it was a note from his teacher. "Dear Mrs. Jones," said the note. "Tommy is a bright boy but he spends all his time with the girls. I'm trying to think up a way to cure him."

Mrs. Jones studied the note, then wrote the teacher as follows:

"Dear Miss Brown—If you find a way to cure him, please let me know. I'm having the same trouble with his old man."

* * *

Picture, if you can, this scene in darkest Africa. The jungle is so dense that the natives have not been able to penetrate it. There is no sound—even the birds and the monkeys shy away from this forsaken spot. The foliage is so thick that, even in broad daylight, the sun's rays barely penetrate.

Located in this gloomy, unnatural quiet section is a small pool. In this small pool are the only occupants of this foreboding place—two hippopotamuses. Day after day, year after year, they stand in that pool, with only their eyes showing above the stagnant water.

As we look in on them, one rolls his eyes over toward the other and says, "I can hardly believe it! Here it is Thursday already!"

## RETIRING PRESIDENTS OF CHICAGO DENTAL SOCIETY AND BRANCHES

### 1953-1954

*Left to right—Doctors Elmer Ebert, Robert L. Straub, O. E. Scott, Wayne L. Fisher, John M. Gates, Max M. Chubin, William T. Osmanski, Rudolph Hinrichs*

## RETIRING OFFICERS AND DIRECTORS FOR 1953-1954

*Left to right—Doctors Edward W. Luebke, Gustav W. Solfronk, Elmer Ebert, Otto W. Silberhorn, Robert L. Kreiner, Lloyd G. Bettenhausen, Alvin J. Sells, Edwin W. Baumann*

# ABSTRACTS

## HYPNOTISM IN DENTISTRY

This editorial urges caution in the use of hypnotism in dentistry until further scientific data are available and more adequate training centers are established. More information should be available as to the hazards of the technic—both physical and psychological—to the patient. Hypnotism has been used for some time in the medical fields, but medical authorities have found that a patient under hypnosis, even during surgery, may suddenly emerge from the trance. Body control over the actions of another individual could be hazardous and result in actual or imagined relationships. If this controlling influence over others can be safely and properly used by the average individual for the purpose of relaxation of a dental patient, it would, of course, be most helpful.—*HYPNOTISM AND DENTISTRY. The Texas Dental Journal, May, 1954.* *O.C.L.*

## THE GENERAL PRACTITIONER AND PERIODONTAL DISEASE

A chart is presented here, that lists in brief and comprehensive form, the three responsibilities of the general practitioner in the prevention of periodontal disease. The first responsibility is to prevent local irritations: 1. Calculus and food debris. 2. Food impaction. 3. Faulty restorations or operative technique. 4. Mouth breathing. The second responsibility is to instruct the patient in home care: 1. Natural and artificial oral hygiene. 2. Toothbrushes, dentifrices, special aids. 3. Methods of toothbrushing. 4. Teaching the patient. The third responsibility is to establish normal occlusal function. Methods: 1. Orthodontic treatment (if feasible). 2. Extraction of malposed, extruded or impacted teeth. 3. Use of partial dentures, bridges, onlays, etc. 4. Occlusal equilibration by grinding.

Unfortunately, dentists have been so preoccupied with dental caries that they have largely ignored periodontal disease, and to most patients and their dentists the only treatment is the extraction of teeth. Control of periodontal disease depends on the elimination of causes and early treatment. Its prevention by the general practitioner depends on early recognition of the signs of this condition, and on an understanding of the many etiological factors involved.—*PREVENTIVE PERIODONTIA FOR THE GENERAL PRACTITIONER, by W. M. Cunningham, B.D.S. (N.Z.), D.D.S. (Tor.) The Dental Journal of Australia, November-December, 1953.* *O.C.L.*

## INDUSTRIAL DENTAL PROGRAMS

There are a number of reasons for including public health dentistry in industry: Industry will gain by reduced absenteeism and increased production time, and by improvement of employee-employer relations. There is a strong trend of public opinion toward making industry responsible for many forms of welfare work. Having workers gathered together in one place daily, gives industry a strategic advantage in various types of health service not available to governmental agencies without difficulty and expense. As money becomes available for governmental dental service, it should first be spent for preventive work for children, leaving very little, if any, for adult care. Education in home care and prevention of dental disease will, in time, improve the dental health of the industrial worker as well as the entire nation. In order to gain more information on industrial dental service, and to help the profession

*(Continued on page 26)*

# NEWS OF THE BRANCHES

**WEST SUBURBAN**

At the recent annual meeting of the branch correspondents I had a most enjoyable time. We all stood around and cried on each others' shoulders; since much to my surprise I found that all of us had the same problem of getting news out of the members. Much deep thought was given to the situation and no one seemed to have an answer to this deep silence; except the suggestion to grab each member as you meet him on the street and deftly strangle the latest news out of him. . . . I have only this to say; just let any member come up to me and say that he thinks that I don't cover the news of a certain area and he will be on my committee. . . . It was interesting to find out a little bit about our publication. I was surprised to find that our REVIEW is read all over the world and that it has (I think this is right), the fourth largest circulation of any dental journal. It seems to me that we have much to be proud of in our magazine. We can certainly be proud of the job that the two top men are doing. Ed Sullivan, the Editor is starting his third year in his position as Editor and I think he deserves a lot of credit for the fine job that he has done. I can personally vouch for the good work of our business manager, Karl Richardson. With my own eyes I saw this human lightning calculator glance at the bill for the meeting and then calmly tell the man that there was an error of a sawbuck. Right on the ball. . . . As to our own members, I am informed by an unimpeachable source that Harry Brown has been doing all right for himself with a new Buick and a new offspring to quickly follow. This combination doesn't lend itself to putting large numbers on the speedometer; oh well he can have lots of fun polishing it. The car I mean. . . . As far as strange combinations go we have another in Paul Topel who is reported going to a dude ranch and he gets a sore gluteus maximus just looking at a merry-go-round horse. So goes the world. Speaking of posteriors, Bob McDonald and E. Walters were seen prancing around in bathing trunks and no beach in sight. . . . It seems that our two co-workers, Malone and Barber, are running neck and neck, Barber is to be congratulated on a baby girl and Malone is hoping to counter with a baby blue Cadillac. We wish them both the best of luck. . . . We have the report that Nick Grunt is going to California, and my informant thinks it might be permanent. We hope not. As to good news I am told that Ralph Ross is returning from Pennsylvania to set up his office at 1011 Lake St., Oak Park. We also want to welcome Paul Swanson back although he hasn't been gone too long. As a final bit of news we have a hard luck story. It seems that Harry Cornwell is all by his lonesome in his office, since his assistants got lost on the sea of matrimony. I guess we all have troubles. — *Bob Randolph, Branch Correspondent.*

**NORTH SIDE**

There is great news today. The board of directors of the North Side have unanimously voted to again have our annual Clinic Day. They felt that the tremendous interest and success of the last two years should not be allowed to wane. . . . Earl Grahn writes and tells us that his daughter Jocelyn graduated from Northwestern and will be associated with him as a dental hygienist. . . . Bob Riemer is now the proud possessor of a new Olds 88. . . . Irv Hirschenbein just recovered from some painful surgery. . . . Bill Semiloff is getting his family ready for their annual New York visit. . . . Henry Parkin has again redone his offices, and they are beautiful. It would be worth your while

to see such a meticulous, well-done office. . . . I understand that the north side boasts of an outstanding quartet available for all occasions. They did a magnificent job at the golf outing. Permission has been granted to name them—Drs. Elliot, Hoffman, Shiret and Keats. But without that guitar of Schliesmann where would they be? . . . Our amiable past president, Bill Osmanski, eased out Hal Sitron by a few hairs for trophy honors at the outing. . . . My own wife just went through some surgery, and is on the mend, thank you. . . . The Uptown Forum just recently showed a fine film on atomic medicine. You fellows should drop in for lunch on Fridays. There's a great deal of knowledge passed around along with the food. . . . Again let me remind you that anyone who wants to help keep this branch great can call the secretary, tell him where you would like to work, and you will be given the chance. . . . R. C. Schuler's son graduates from Detroit University with a degree in Chemical Engineering. . . . By the way, you should see those gorgeous tomatoes that Rube Kadens is nursing in his vegetable patch. What a gardener!—*Joseph W. Gordon, Branch Correspondent.*

**WEST SIDE**

Gone is June and the month of brides and roses. Time to get ready for the much needed and deserved summer slow-down. With the present heat wave, unless one has the good fortune to own an efficient air conditioner, how can he think of anything but cool relaxation or outings with congenial friends. . . . Speaking of outings, our hard working Chick Vission as president, successfully conducted the annual Alumni Day in honor of the graduating class of the University of Illinois College of Dentistry. Al Sells was on hand to help in the distribution of some very fine prizes. . . . Another golf outing, the Chicago Dental Society, capably engineered by our President Sam Kleiman, went off in good style. Speaking of styles, you should have seen Sammy's jacket and shirt. Wow! . . . Walter Kelly, the Golf Chairman, looking very fit, did a splendid job of securing and distributing prizes to the lucky ones present. . . . West Side Branch had the best representation at this fine party. Lucky Westsiders, every one went home with a prize. Those present from our branch were President Sam Kleiman, Director Walter Kelly, Branch President Fred Bazola, Pop Sam Rakow, Carl Madda, Bob Tuck, Adolph Stark, Al Sells, John Reilley, Leo Cahill, Sol Shiret, Max Lieberman, William Bingaman, George Blaha and son, and Jesse Owen and son. . . . Leaving the country for vacations are Earl Boulger off to his summer home in Canada, Irvin Miller, Jr. off on a tour of Europe. . . . Irvin Miller, Sr. recently escorted his daughter up the aisle. Congratulations. . . . George Vogt is off to St. Louis to pay his brother a visit. . . . Cheers for Mike DeRose in his new job as Councilman. Mike is going to stay close to home but he'll be getting some of the fine points about sailing his new boat. . . . Speedy recovery for the mother of Dorothy Rizzo. . . . Your Program Chairman, Dan Laskin, Secretary Irv. Robinson and President Bazola have had several meetings to make final arrangements for the Denture Course to be started with the fall meetings. . . . Dinner Chairman John Reilley is waiting to make a reservation for you. Call early to make sure you don't miss the fine program. . . . Send news to Frank Kropik, Branch Correspondent.—*Irvin Miller, Associate Branch Correspondent.*

**NORTH SUBURBAN**

What is so fair as a day, or so, or several days in June? Particularly 1954, Whew!! Did you all make it, or did you dunk your doldrums in a vacation to the northland, buy a new car, move your office to a new location, add more space to your present location, remodel, add air conditioning? . . . Just nosing around, need some more copy for the next issue. . . . Golf outings seem to be the big events

just now, and as this goes to print the Northwest Dental Study Club will have had the big day for its members, comprised of men from Norwood Park, Edison Park, Park Ridge, Des Plaines, Mt. Prospect, Arlington Heights, Palatine, and Barrington, on June 30, at Inverness Country Club, featuring all day golf, filet mignon et al for dinner, prizes for everyone, and entertainment at a notably reasonable cost—'twas for free. This same club wishes to announce its new officers for next year who, if they can propound, produce, or otherwise come up with another outing on this same basis, will be undeniably popular: President Randal E. Willoughby, Park Ridge; Vice President, Richard E. Scott, Des Plaines; Treasurer, Vern Boman, Arlington Heights; Secretary, William Meek, Palatine, and Program Chairman, Frank Powles, Mt. Prospect. Your correspondent also learned that a regular attendance at each meeting of between forty and fifty men is maintained. . . . We've learned too that L. D. Paajanen, has moved from his North Clark Street address to a new office in Arlington Heights . . . That Ernie Lidge, of Arlington Heights, has a new road-romping Buick Century, Riviera model, and Howard Dunn, same town, has a new "Olds 88," Holiday . . . your correspondent caught the fever too with an all yellow Buick special, Riviera. Man!! These new cars. Wonderful. . . . Morris Virnig, Arlington Heights, has hung out a "Back Soon" on his office door, but our informant didn't know where he went or when he'd return. . . . Ray Schulze, Des Plaines, golfer de luxe, is this year's President of Rolling Green Country Club, and was honored June 26 at the club's annual President's Night Dinner Dance—Say now. . . . Our neighbors up the shore, the Lake County Group held their golf outing on June 2, with 26 golfers, and 55 dinner reservations at Thorngate Country Club. George Kearns, Lake Forest, mentioned that the sand traps, and the rough were in wonderful condition. We might suggest he had an alibi, for he and his wife added a new member, Maura Lee, five pounds, twelve ounces, to the family. Congratulations, George. Ten years is a long time to wait. . . . Martin Pesek has returned to Lake Forest, 265 E. Deerpath, from his stint with the Navy. . . . Ken Johnson has added an office in Waukegan to his activities in the loop (oral surgery). . . . Officers of the Lake County Group for 1954: Retiring President, from Gurnee, the best dentist in town (George Kearns tells us he's the only dentist in town), Harold Link. New President, Bob Black, Highland Park; Vice President, George Kearns, Lake Forest; Secretary-Treasurer, George Krueger, Waukegan. . . . It seems that Jim Keith, having so little demand on his energy since completing his term as President of the C.D.S., has taken up gymnastics. He was seen at Glendale Country Club executing a neat back flip from the seat of one of those golf buggies onto the fairway. Further investigation revealed that our own colorful, and excellent editor was piloting said vehicle in a westerly direction when he was attracted by, well, something of interest proceeding in a southerly direction. . . . Orville C. (for "Country") Larsen, dropped us a note reading thus: "The Loyola University, Chicago College of Dental Surgery, will hold its Annual Golf and Dinner Outing, Wednesday, September 15, 1954, at the Glendale Country Club, Bloomingdale, Illinois. . . . O. B. Kibler, Evanston, expanded and remodeled his office in the Church Street Bldg. to include the suite formerly occupied by John MacLean, brother of "Hot Rod" Grant MacLean. John moved to a be-WOW-ootiful suite on the newly opened section of the sixth floor of the Carlson Bldg. Carpeting in the operatory, areddy, and drapes too yet. . . . Maynard Cook and Dick Lee pushed their walls half way into the suite Eddie Ryan vacated upon his retirement, and Tod Dewel made a quick trip over the Independence Day holidays to participate in the Centennial Week festivities in his home town, Algona, Iowa. Tod is afraid this homing instinct may cost him a $10.00 fine for

not growing a large beard on this occasion; however, he feels the city officials will be understanding when he explains he isn't really old enough to grow one.—S'long for now.—*Frederick S. Verink, Branch Correspondent.*

**ENGLEWOOD**

No matter how you slice it, it's *still* a golf ball. June 16th came along bright and brisk, and the Hit and Hunt boys came along in neither condition. Decuries of doddering, doiled dentists descended upon Navajo Fields, doggedly digging divots with dunting drivers, and you couldn't blame Blaine for bitterly bemoaning his bent and boscage. WOW! Palms to Eugene Jaffe for a most enjoyable day. Perfect weather, ideal course conditions, swell dinner, excellent drinks, and all the good company anyone could wish. Sixty men played the course, and they were joined by thirty more at dinner. The gold low-gross trophy went to T. P. Cavanaugh who shot a hot 78. The second low-gross trophy was won by Lou Christopher with an 81, and Ben Jostes turned in a 72 to take the low-net trophy. Second low-net honors were shared by Dan'l Duffy, Alan Bailey, Jack Manning, and Ted Lindholm, all of whom checked in with 73. The boys fought it out at the prize table at which they were turned loose on a "first-come-first-served" basis. Bud Adams and Bob Hannan walked off with the prizes reserved for guests. You know, I think these guys have played the game before! . . . Marion Kostrubala got himself in a trap on the seventh hole and held up play for a while. Ed Werre and P. J. Stransky waited patiently on the green and were treated to some choice tid-bits of monologue from way down thar as Marion dug himself out, out of sight. Whack! Thunk! Bam! Plunk! Biff! Pow! and up came the pill, followed closely by Brother K. "Well, I'll take three on that one," sez Marion. "What!" sez Ed. "We heard *six!*" "Well, ah——, three of 'em were echos," sez Marion. . . .

*(Continued on page 23)*

# NEWS ITEMS . . .

## POSTHUMOUS HONOR TO MAURICE BERMAN

It is interesting to report that the work done by one of our deceased members has lived after him. Last year, Dr. Maurice Berman, took the examinations for the American Board of Orthodontists in May, was notified of his success in passing the examinations in July and died in August after a lingering illness. In May of this year Dr. S. L. Hopp presented the cases that Dr. Berman had worked up for his examinations before the American Association of Orthodontists meeting in Chicago.

## CHICAGO DENTAL ASSISTANTS ASSOCIATION

Attention! All girls of the North-Northwest-North Suburban Branch of the Chicago Dental Assistants Association please return your forms which were sent to you requesting your desired activities and other general information. This information is necessary to bring you a full agenda in our 1954-55 branch meetings. Please return these forms before July 27, so that we may have an early start in planning our meetings.—Anne M. Cirone, Publicity Chairman, Telephone: SPring 7-4488.

## DECEASED MEMBERS

Close, G. H. N., Waterloo, Wisconsin; Chicago College of Dental Surgery, Loyola University, 1911; retired since 1948; died March 19; aged 67.

Kunka, Stephen T., 2701 W. Cermak Rd., Chicago; Chicago College of Dental Surgery, Loyola University, 1935; member of West Side Branch; died April 24.

McCallum, J. A., 2757 Fullerton Ave., Chicago; Chicago College of Dental Surgery, Loyola University, 1916; member of the Northwest Side Branch; died June 16, aged 63.

# DIRECTORY CHICAGO DENTAL SOCIETY

**Central Offices: 30 N. Michigan Ave., Chicago 2, Ill., Phone RAndolph 6-4076**

Kindly address all communications concerning business of the Society to the Central Office

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2261 E. 95th St., ESsex 5-3820

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| | |
|---|---|
| Sol A. Shiret | 1955 |
| Edmund B. Kirby | 1956 |
| Eugene M. Stearns | 1957 |

### *Applications for Membership*

The following applications have been received by the Ethics Committee: Any member having information relative to any of the applicants, which would affect their membership, should communicate in writing with Sol A. Shiret, 25 E. Washington St. Anonymous communications or telephone calls will receive no consideration.

### *Applicants*

GROSSMAN, HARRY AARON (C.C.D.S. 1917) West Side, 3732 Roosevelt Rd. Endorsed by Irwin B. Robinson and Daniel M. Laskin.

# Classified Advertising

*Rates: Effective Jan. 1, 1952.* $2.75 for 30 words with additional words at 3 cents each. Minimum charge is $2.75. Charge for use of key numbers is 25 cents additional. Forms close on the 1st and 15th of each month. Place ad by mail or telephone to

CHICAGO DENTAL SOCIETY
30 North Michigan Avenue
RAndolph 6-4076

***Advertisements must be paid for in advance.***

## FOR SALE

**For Sale:** Dr. Krutcher unit, S. S. White chair; surgical cabinet—mahogany finish. In excellent condition. $400.00. Call TOwnhall 3-5349 or RIverside 7-6497.

**For Sale:** West Side dental office, furnished complete—instruments and supplies included. Good will. Low rent. All for $500.00. Address R-9, The Fortnightly Review of the Chicago Dental Society.

**For Sale:** Thriving practice—only dentist in Northwest suburb, next to Chicago. Modern equipment. Best offer. Call SUperior 7-7088.

**For Sale:** Priced for quick sale—in central Illinois—9 rooms and bath with oil heat, 4-car garage. Three downstairs rooms now used as dental office. Am retiring after 39 years in same location. Good location for dentist or physician and town needs both. Dr. H. M. Hill, Auburn, Ill., phone 2461.

**For Sale:** Growing practice with or without equipment, in suburb of River Forest. For information call Forest 9-6769 any afternoon.

**For Sale:** Fully equipped one chair dental office of the late Dr. John A. McCallum, corner Fullerton and California Avenues. Also his list of patients and good will. Persons interested may inspect equipment, etc. by appointment only. Offers are solicited but are subject to approval by Judge of the Probate Court. Call Charles V. Falkenberg, Executor, week days CEntral 6-3480; evenings, Saturdays and Sundays ALbany 2-4107.

**For Sale:** Completely equipped dental office in Pittsfield Building formerly operated by well known practitioner. Sale will include list of patients. Call S. S. White Dental Mfg. Co., CEntral 6-0981.

**For Sale:** 3-chair office, fully equipped, on busiest corner of Northwest Side of Chicago. For quick sale, what am I offered? Call HUmboldt 6-5815.

**For Sale:** Well established dental office and practice on the Northwest Side. Fully equipped office with x-ray and laboratory equipment. Price reasonable. Dentist deceased. Call JUniper 8-0266.

**For Sale:** Airdent, in perfect condition, $1,300.00. Address R-16, The Fortnightly Review of the Chicago Dental Society.

**For Sale:** One Ritter chair, one large American cabinet, S. S. White Master unit—J, no water syringe; one Meyer x-ray, one Pano-Vision light, one air compressor. Call MErrimac 7-4474, Dr. F. J. Kurby.

**For Sale:** Lincoln-Fullerton-Halsted area, corner office. Established practice. Owner leaving city. Telephone GRaceland 7-3813, Mondays, Tuesdays and Fridays between 7:00 and 10:00 p.m.

## FOR RENT

Fully equipped, nicely decorated office available on Monday, Tuesday and Wednesday on rental basis. Field Annex Building. DEarborn 2-1774.

**For Rent:** Doctor's office, laboratory and apt. 6-room—modern—2nd floor. 3245 Fullerton Ave., corner Spaulding; established location for over 25 years. Apply to N. Eisenstadt, ALbany 2-2112.

**For Rent:** Fully equipped dental office including use of x-ray. North exposure. Pittsfield Building. Address R-10, The Fortnightly Review of the Chicago Dental Society.

**For Rent:** One room of a 3-chair dental office, fully equipped, on busy transfer corner of Northwest Side of Chicago. With opportunity to buy. HUmboldt 6-5815.

**For Rent:** Well established dental suite, three rooms with carpeted reception room. Occupied by dentist 52 years. Reasonable rental on North Avenue west of Pulaski Rd. Call ANdover 3-6715.

**For Rent:** Excellent ground floor location on busy Southeast side. Available immediately. Address R-13, The Fortnightly Review of the Chicago Dental Society.

**For Rent:** Dental office in 5-room suite, with privilege of separate x-ray room and laboratory. In center of Park Ridge, Ill. Rent, $75.00. Write or phone, Dr. Byron Schuhman, 137 Vine Ave., Park Ridge; TAlcott 3-1036.

**For Rent:** Part time—fully equipped dental office, corner Madison and Central Avenues. Call EStebrook 8-2042.

**For Rent:** Part time—Loop office, Marshall Field Annex Mondays, Wednesdays and Saturdays. Address R-15, The Fortnightly Review of the Chicago Dental Society.

**For Rent:** Established dental suite—two operating rooms at 3801 West Harrison. Call Rasky, DEarborn 2-6654.

## WANTED TO PURCHASE

**Wanted:** Now or in the near future, an established dental office in north or northwest Chicago or suburb. Address R-12, The Fortnightly Review of the Chicago Dental Society.

## OPPORTUNITIES

**Wanted:** Associate dentist in general dentistry, full or part time, in South Suburban office located in a new modern community. Address R-11, The Fortnightly Review of the Chicago Dental Society.

**Wanted:** Dentist for new ground floor medical and dental center with established physicians in one of the busiest, most densely populated neighborhoods in Chicago. Space for two chairs. Should be extremely profitable for right party. Dr. George Barnett, South Side Medical and Dental Center, 223½ East 47th St., WAgner 4-7050 or ESsex 5-3377.

**Wanted:** Associate dentist for busy South side office three days per week. Address R-14, The Fortnightly Review of the Chicago Dental Society.

## ASSOCIATIONS OR SITUATIONS WANTED

Young dentist, 30 years old, 6 years active military service, desires to become established in good suburban community permanently. Excellent operator. Not member of Reserves. Would prefer area needing a dentist. Presently practicing in Chicago. Would welcome opportunity to settle in nice community among nice people. Call SHeldrake 3-1934, except Mon. and Weds.; or call HAymarket 1-2463 evenings.

Draft exempt dentist wishes association with general practitioner, full or part time. Telephone GUnderson 4-3794.

**DENTAL ASSISTANT**—We have a slim, attractive young woman that has had one year of Nurse's Training in addition to 2 summers as a Nurse's Aid. She is an average typist, possesses a very pleasant personality, and has a keen desire to become a Dental Assistant. We feel she has an excellent potential. For information on the above applicant and many others, call RAndolph 6-3837, GARLAND MEDICAL PLACEMENT.

## MISCELLANEOUS

**HYPNOTISM INSTRUCTION:** Evening classes. Under direction of Edwin L. Baron, Ph.B. Hypnotism Institute of Chicago, 64 West Randolph Street, Chicago 1, FRanklin 2-4188.

**SUNGLASSES:** Someone lost a nice, gold-and-plastic pair of sunglasses with Rayban lenses at the golf outing June 23. Can be reclaimed at the Society offices.

*(Continued from page 18)*

But this wasn't as bad as the one Henry Mathews pulled. "My wife will leave me if I don't quit golf," sez Henry. "Tough luck," sez Gus Solfronk. "Yep, I'll miss the gal," sez Henry. . . . Tom Starshak was all-over puffed up about his fine son, "T.J." who was graduated (with honors) by Northwestern University on June 14th, receiving his D.D.S. On the 15th "T.J." celebrated his birthday, so we send double-barrelled congratulations your way, sir. . . . Ed Scanlan went around the course *so* fast that Siedlinski took him out for a saliva test. . . . Grant Spooner was having a bad time of it for a while. "You don't address the ball properly," he was advised by Ray Wiegel. "I know, I know, but I was polite as long as possible," retorted Grant. . . . John Lace was reported in Florida for the whole dern month of June. . . . We saw Dick Valentine in the *cutest* blue shorts and white socks. Also learned that Dick was cast in *The Curious Savage,* presented by the Palos Players on June 18, 19, and 20. . . . "How do you like my game?", Lucas asked of Tom Van Dam. Thomas stopped him with, "It's O.K., but I still prefer golf." . . . Didja see Ray Van Dam's air-conditioned hat? The boy had a cellulose sponge under his hat, and he wet it down at each tee. I don't know if Ray was trying to keep his pate cool, or grow hair. . . . Irv Oaf topped one and let go with, "I've never played so badly before!" Sez Borkenhagen, "Oh, then you *have* played before?" . . . We overheard Bill Shippee and Gus Solfronk talking about their proposed trip with Bettenhausen (foreigner from South Suburban). They will fly to Winnipeg, Canada, and then will motor 175 miles north where the fish are said to be waiting with "baited" breath. . . . Caught Stan Pacer chatting with Ora Medsker at the first tee. "My doctor says I can't play golf," sez Stanley. Dr. Medsker came right back with, "So, he's played with you, too." . . . John Meekma was on hand in spite of his being a new daddy. . . . Didja get a load of Francis O'Grady flitting about in his portable rainbow? . . . Dan Duffy accused Jack Manning of cheating. "How the heck *could* he find his ball one foot from the cup when it was in my pocket all the time?" . . . We found Eugene Jaffe putting in a swell crop of fresh alibis offered *gratis* by all players coming off the eighteenth hole. . . . Clyde "Pinkie" Griffin teed up and looking about exclaimed, "Now then, where is first base?" . . . Marion Hopkins was complaining to Irv Oaf, "Traps certainly are annoying." Sez Irv, addressing his ball for the third time, "They certainly are, PLEASE KEEP YOURS SHUT!" The club's golf pro said that lifting the elbow is the chief cause of erratic drives. Come to think of it, he's right. None of the Englewoodenheads can practice law—not one of them passed the bar before going on the course. . . . Found Al Jason there, not feeling up to a pony of brandy so he ordered just a Horse's Neck. From the look on his face I judged that he must have been served something a bit farther back. . . . Ernie Goldhorn was admitting to being "over 35" 'cuz he asked for nig. . . . Frank Farrell greeted Karl Richardson with, "What's it going to be, Karl?" "I feel like a glass of beer," sez the deacon. Yep, full of gas and a big head, I betcha. (Get out of *that* one, Oom Karl.) So-o-o-o-o, I joined them and we played Spiritualist (summoned some spirits) until every boresome foursome and gleesome threesome had checked in. By then it was time to tie on the feed bag so we went upstairs and got our front feet in the trough.

Mighty fine chow, Eugene, mighty fine. Bob Straub and 'Gene distributed the remaining prizes by drawing names from the box, and the Big Day ended on a happy note. Irv Oaf (what brung me) dropped me off at home just in time to see the Great Mouthpiece chasing Li'l Joe. "Daddy! Daddy! hide me!", he shouted. And do you know, I was so broke that I couldn't. Yep, I couldn't cache even a small Czech.—*The Pied Typer of Ramblin' Branch Despondent (again!) Local 602.*

**KENWOOD-HYDE PARK**

Kenwood-Hyde Park is very happy to announce that one of our members has the position of president for the C.C.D.S. of Loyola Alumni and they are having a golf outing Sept. 15. Howard Harvey has tickets so you can call him and get several. The outing will be held at Glendale Country Club and from the reports that is a nice place to play golf. There will be contests in putting, short holes, and long drives and there will be a lot of prizes. . . . How do you like that? I didn't even mention John McBride who is the president of that outfit. Well, Johnny, it was a slip of this machine age. . . . Bill DeLarye has moved into his new home at 198 Country Club Drive, Fox River, and from the report Bill is doing very well with the fishing. Harry Hartley dropped in (not the river) to see Bill and found that they fish from the pier. Well, that is all right, but they seem to catch the fish on one side of the pier and throw them back on the other side. WHAT KIND OF FISHING IS THAT? . . . Harry Hartley is going to Iowa over the 4th and then will spend some time in Michigan. . . . Roy Eberle claims that everyone had a good time at the CDS golf outing, which is as it should be. Roy has a problem, when he wants to use a flame in the lab he has to close the window, and you know how hot it gets with the window closed. Would it be better to have an air conditioner or just not do any type of work that will require the window to be closed? I suppose that the wind can be rather strong up there in the penthouse, but don't they give that service? . . . Our director has been getting some gray hair over his son, who beats him at golf and now spends a bit of time out in the lake with a boat and just lately he went into the southern part of the lake during a storm. The trip must have been a bit rough, but the report doesn't list any seasickness so I guess Clinton is a sailor at heart. I thought that Clinton was in the army not the navy. . . . Bob Kreiner gives us the information that his friend

Dr. Knitter is going to take a vacation to sunny California. . . . Jesse Carlton was at a meeting of the Program Committee to work out programs for the downtown meetings and from what he told me we are going to have some darn good meetings. If they can get the speakers to accept we will have a series of meetings you will not want to miss, so keep your eyes open for the official announcement that should be out soon. . . . It seems that Jesse uses gloves when he waters the lawn so that he will protect his hands, the other day a little boy asked why, and he answered that he was a dentist. That would have been the end of it, but the boy said that his father was a dentist and he didn't wear gloves. Well, it turned out that the little boy's father was our Stanley Korf. Just a word to the wise, Stanley, wear gloves so that your son will know that you are protecting your hands when you water the grass. . . . Do you remember the next to the last meeting that we had? Well, to refresh your minds at that meeting we had a medical man on the panel; the kind that listens to all your troubles and then tells you what you should do. Well, we are afraid that Walt Dundon is going to do too much resting because Dr. Apter has the office right next door. It must be nice to have such a comfortable couch to rest upon. . . . In case you didn't know, Walt is the chairman for the Midwinter Meeting and I think that we have a good man for the job. Walt tells me that the work has started and that for this early in the year they are coming along very nicely. Walt, we want to wish you all of the cooperation in the world so that the meeting will be a success, and since you are not bashful we know that you will holler if you want us to do anything for you. . . . Bob Wells has been on the farm in Michigan again. I suppose that we should call him the "old Farmer," but he isn't so old. . . . Have a nice time now, and I'll see you next issue, I hope.—*Warren Lutton, Branch Correspondent.*

**SOUTH SUBURBAN**

There is something very nice about the summertime with all the pleasant things one thinks of in connection with it—golfing, fishing, vacationing, and now we have a new angle—how does the testing of the atomic bomb affect the climate in general and what is causing all of this ding dratted hot weather. The newspaper daily announcements that we have broken this and that record that has stood for lo these many years do not add up to any better sleeping weather. . . . In the news department we learned that Lloyd Bettenhausen and Gus Solfronk have taken off for the wilds of the north to try their luck at the piscatorial arts (fishing to you guys not in the know). Also on the list of the fishermen are Herb Hammer and Brookstra. Brookstra seems to be working on the philosophy of why work when there are so many more pleasant things to do and see. . . . Just learned that J. S. Korellis of Calumet City has done gone

and got hisself all married legal like. . . . Pete Boelens of Lansing took off for a two-week stay up in Minnesota—just a random thought—does he plan to fish too? . . . Pete Iagmin and family took off for the environs of Estes Park and Rocky Mountain National Park. He was good enough to drop me a card informing me that he has a cabin on the Big Thompson River and as yet had no personal contact with the trout the area is so famous for. . . . Pete Palulis has taken the month off and gone to County Hospital in Chicago to take a course in anesthesia. While he is gone Hank Freitag will be holding down the fort in Homewood all by himself. . . . Jack Amram succumbed to the vacation bug and took a whole week off during all the hot weather we had in the spring part of June. Come to think of it I believe the heat is getting to me too now, so will sign off. Here's to a nice tall, cool one!—*H. C. Gornstein, South Suburban.*

**ABSTRACTS**

*(Continued from page 14)*

benefit from its past mistakes, a survey is presented here, showing the trends in industrial dental services. Of the organizations contacted, 65% responded to the survey, and 23% of these had some form of dental service. It is indicated that industry is becoming more aware of the value of a dental service, and that such services will be instituted in many more major industrial firms in the near future. The subject of industrial dentistry has been presented for the consideration of many business firms. Lectures on this subject in undergraduate dental courses, in public health dentistry, will make the dental profession also aware of this great field. *A SURVEY OF INDUSTRIAL DENTAL PROGRAMS, by S. Markovits, B.S. '54, and T. J. Klopman, A.B., D.D.S. New York University Journal of Dentistry, April, 1954.* *O.C.L.*

**DIAGNOSIS AND TREATMENT PLANNING IN PROSTHETICS**

*(Continued from page 9)*

ceed only because the body has accustomed itself to diminished function. It is an established fact, that as successful and as functional as we are creating dentures today, they still can never be as efficient as the natural teeth, but we can and do maintain health by the aforementioned faculty of diminution of body functions. The denture patient learns many new habits and recognizes many limitations, although outwardly he may claim to the world that he can eat anything. We have watched the edentulous without dentures eat everything too, so that statement cannot be taken too seriously, although it may be music to our ears.

Because our prosthetic work load in the Navy is consistently overwhelming, much consideration must be given to judicious treatment so that the masticatory apparatus can function sufficiently to maintain health. The construction of prosthetic appliances that are functionally essential to masticate food were given priority designation. Factors in the maintenance of morale is often a health problem too, so that replacement of lost anterior teeth is also designated as a necessity. These two categories are routinely considered as essential as our operative dentistry. With a plan such as this, it can be readily seen why it is so necessary to be so circumspect with our diagnosis.

In a grant from the office of Naval Research a few years ago, work done at Tufts College Dental School in its Oral Physiology Laboratory, and published in the *Journal of The American Dental Association,* authored by Dr. Finn Brudevold, entitled, "BASIC STUDIES OF THE CHEWING FORCES OF DENTURE WEARERS," I quote, in part: "Perhaps the most interesting observation in this study was the high percentage of force exerted on the bicuspids as

compared with that exerted on the molars. The fact that these teeth received more force per unit of occlusal area suggests that food is distributed more consistently on the bicuspids than on the molars during chewing," end of quote.

In experiments we conducted at a large training center, we found that where we could satisfactorily equilibrate the existing occlusion, patients with second bicuspid terminal occlusion were equally as efficient as those wearing distal extension partial dentures supplying either one or two molar teeth. It was also revealed that many partial dentures were not being worn when the patient became aware that he was just as efficient and far more comfortable without the partial in the mouth. Of course, every provision must be made to prevent loss of opposing teeth either by extrusion or drifting because of lack of occlusal apposition, but these occlusal disharmonies must be studied to determine whether sufficient benefit will ensue from the insertion of the partial denture to warrant its construction. So many are made that are intended to perform this function, but do more damage than good.

Distal extension cases are our most difficult problem in partial denture prosthesis. Freedom of leverage on abutment teeth, or those teeth designated to either retain or stabilize the denture, is of such paramount importance in the consideration of the mechanics of a partial denture. In the distal extension case this consideration must be exercised with greater discretion and forethought. Opposing teeth that have already extruded are in mal-alignment to the normal occlusal plane and exert a tremendous leverage force upon an opposing partial denture, no matter how sincere our efforts to equilibrate the existing occlusion. To fall in line with these thoughts, it becomes quite obvious that many mouths are better off with second bicuspid occlusion in deference to wearing purely a space filling, non-masticating distal extension partial denture.

Servicing the partial denture is another factor that can be neglected by both dentist and patient. The slightest change that takes place underneath the denture is immediately reflected in the character of the occlusion. In the distal extension case this can well be disastrous. We are all aware of the necessity for constant watching of these cases with periodic relines becoming necessary to allow the denture to continue its established function. We have found that if we lighten the load by shortening the distal span, less servicing is necessary. Limitation of the size and number of denture teeth to be employed is the solution. Reducing the bucco-lingual width of the denture teeth distal to the last abutment tooth, and limiting the number of these teeth to not more than three on either side has proven to be a distinct advantage, not only for the preservation of the life of the partial denture, but also for the preservation of its masticating efficiency.

The most prevalent of last resort attempts to retain teeth comes down to the remaining lower six anteriors. Many successful partial dentures have been made for these mouths and they have rendered years of service. Their success is only measured by this evaluation, but this success can only be attained by rendering a service in consonance with our plan for the future, otherwise it will be merely a transient gesture. Our constant vigilance in our observation of possible change in supporting tissues and occlusal change, and our rehabilitation of the denture to satisfy the change and eradicating the discrepancy, can and will give a longer life to these appliances. It is in these cases where we utilize the cuspid as an abutment tooth that the process of reshaping can be employed to the best advantage. Conical in shape, these teeth are, at best, poor abutments for clasp retention of a partial denture. Reshaped and restored to meet a more satisfactory mechanical requirement, these teeth can and will fulfill these requirements with a greater degree of success in performance and maintenance of the security of the supporting structures.

I am well aware of the fact that various types of precision attachments can be

used to greater advantage in many of these cases, but a review of the dental literature reveals that the clasp is the oldest, and despite its slanderous abuse, is and will probably continue to be the most practical and popular means of anchoring partial dentures of the removable type.

Fixation of teeth by means of rigid union has long been the most successful form of complete retention of teeth necessary to service a mouth needing the replacement of lost teeth. To recognize the possibility of employing this phase of prosthetic dentistry in conjunction with partial denture construction is significantly the answer to many of our seemingly impossible diagnostic and treatment problems. By utilizing fixed bridges where possible, the area to be restored by the partial denture can be decreased, thereby creating less possibility of increase of the masticating load to be borne by the teeth supporting the partial. Many of the designs necessary for the success of the partial denture entail the use of clasp arms that may be a disturbing factor in the esthetics of the case and present an objectionable aspect to the patient. The employment of the fixed bridge may eliminate the possibility of such a situation. This also takes care of the aforementioned multiple space problem and insures more teeth against the hazards of enamel destruction by embracing clasp arms.

**SUMMARY**

If the objective plan is pursued, treatment will be subjectively employed that will incorporate all the tenets of the plan. Following routine examination of full mouth roentgenograms with posterior bite-wings, and careful survey of study models, all other factors of diagnostic value must be employed. The success of the treatment plan will be entirely dependent upon the care and discretion of the diagnostic findings. The treatment must include all or any part of the following tenets:

*(Continued on page 32)*

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**UPTOWN DENTAL LABORATORY, INC.**
4753 Broadway — LOngbeach 1-5480
CHICAGO 40, ILLINOIS

*(Continued from page 29)*

1. The shorter the span to restore, the longer the life of remaining teeth and supporting tissue.

2. To shorten the span, multiple spaces must be eliminated as much as possible, by,

(a) Extraction of mal-posed teeth and restoring the spaces with fixed bridgework where possible.

3. Equilibration of the existing occlusion, by

(a) Complete restoration of carious teeth.

(b) Preparation of abutment and dependent teeth with suitable restorations or reshaping in consonance with survey and subsequent plans for construction of the prosthesis.

4. Limit distal extension cases to terminal second bicuspid occlusion, where applicable.

5. Increase life of distal extension cases by decreasing length of span and bucco-lingual width of denture teeth.

As this dissertation is being concluded, it certainly must be quite obvious that your problems are not unlike ours, rather ours may be slightly more complex because we see so many young people who have never had a desire to see a dentist. We are seeing so many of them who present so many varied problems in diagnosis, that in training our young dental officers, we are ever mindful of the possibility of indecision and failure of a plan that cannot be executed properly. Error in diagnosis is subsequently costly and time consuming. To be able to understand the reason for failure, prevents future failures. Treating each case with individual discretion, and determining what is best for the dental future for that patient means that our dental officer will receive a full and constant education in the ability to know how to make the diagnosis and thereby create the plan for treatment. His execution of the plan will be rendered with every confidence that the end result will be successful and that he has rendered the best service to the patient.

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